

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>138</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>938</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Carlotta Samora</u> (If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
7. Date of birth <u>Nov-4-1924</u>		Month <u>Nov</u> day <u>4</u> year <u>1924</u>	
8. FATHER		14. MOTHER	
Full name <u>Juan Samora</u>		Full maiden name <u>Gregorio Esparsa</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Chihuahua</u>		18. Birthplace (city or place) <u>Parral</u>	
(State or country) <u>Mex</u>		(State or country) <u>Mex</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living. <u>1</u>		(b) Born alive but now dead. _____	
(c) Stillborn. _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7 P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Cyril M. Brown M.D.</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Miami, Ariz.</u>	
Registrar. _____		Filed <u>Dec 31</u> , 19 <u>24</u> <u>E. E. Iron</u>	
		Filed <u>1-5</u> , 19 <u>25</u> <u>R. E. Gray</u>	
		County Registrar.	

321-1104-751